

EXHIBIT N

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) NICK BARZELLONE 2476.002 (405)236-0003
B. E-MAIL CONTACT AT FILER (optional) KLEWIS@MCCOY-ORTA.COM
C. SEND ACKNOWLEDGMENT TO: (Name and Address) MCCOY & ORTA, P.C. 100 N BROADWAY, 26TH FLOOR OKLAHOMA CITY, OK 73102 US

Delaware Department of State
U.C.C. Filing Section
Filed: 02:29 PM 10/22/2018
U.C.C. Initial Filing No: 2018 5771874
Amendment No: 2018 7307958
Service Request No: 20187253129

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER 20185771874	1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS Filer attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13			
2. <input type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement				
3. <input checked="" type="checkbox"/> ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9 For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8				
4. <input type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law				
5. <input type="checkbox"/> PARTY INFORMATION CHANGE: Check one of these two boxes: This Change affects <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record <input type="checkbox"/> CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c <input type="checkbox"/> ADD name: Complete item 7a or 7b, and item 7c <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b				
6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b) 6a. ORGANIZATION'S NAME				
OR 6b. INDIVIDUAL'S SURNAME <input type="checkbox"/> FIRST PERSONAL NAME <input type="checkbox"/> ADDITIONAL NAME(S)/INITIAL(S) <input type="checkbox"/> SUFFIX				
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 7a. ORGANIZATION'S NAME WILMINGTON TRUST, NATIONAL ASSOCIATION, AS TRUSTEE*				
OR 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) <input type="checkbox"/> SUFFIX				
7c. MAILING ADDRESS 1100 NORTH MARKET STREET	CITY WILMINGTON	STATE DE	POSTAL CODE 19890	COUNTRY US
8. <input checked="" type="checkbox"/> COLLATERAL CHANGE: Also check one of these four boxes: <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input checked="" type="checkbox"/> ASSIGN collateral Indicate collateral: All collateral assigned. * FOR THE BENEFIT OF THE REGISTERED HOLDERS OF WELLS FARGO COMMERCIAL MORTGAGE TRUST 2018-C46, COMMERCIAL MORTGAGE PASS-THROUGH CERTIFICATES, SERIES 2018-C46				

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor				
9a. ORGANIZATION'S NAME BARCLAYS BANK PLC				
OR 9b. INDIVIDUAL'S SURNAME <input type="checkbox"/> FIRST PERSONAL NAME <input type="checkbox"/> ADDITIONAL NAME(S)/INITIAL(S) <input type="checkbox"/> SUFFIX				

10. OPTIONAL FILER REFERENCE DATA: 350 EAST 52ND STREET REFERENCE NO.: 2476.002 FILE WITH DELAWARE SECRETARY OF STATE
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UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form
20185771874

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form

12a. ORGANIZATION'S NAME
BARCLAYS BANK PLC

OR
12b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

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13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see instruction item 13): Provide only one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit

13a. ORGANIZATION'S NAME
EASTGATE WHITEHOUSE LLC

OR
13b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):

15. This FINANCING STATEMENT AMENDMENT:

covers timber to be cut covers as-extracted collateral is filed as a fixture filing

16. Name and address of a RECORD OWNER of real estate described in item 17
(if Debtor does not have a record interest):

17. Description of real estate:

18. MISCELLANEOUS: